



# PD SPECIAL GRANTS APPLICATION

**Special Grants Fund (from NVTA Pro D Policy):** A special fund will be set up for application for special PD activities over Three Hundred Dollars (\$300). This fund shall only be used for activities which have a higher than average cost. The maximum grant for any individual shall be Five Hundred Dollars (\$500), plus up to two (2) days TTOC costs. All applicants must apply within the PD budget year (September – June 30). All applicants must apply in advance of their activity/workshop.

**Special Grants Criteria:** The Steering Committee will consider the following priorities:

- Those applications which are “extraordinary”
- A willingness to teach other teachers what you've learned
- Usefulness in the classroom
- Applicants who have not received a grant in the past three years will be considered first
- Applications will be considered in the order in which they are received; funding may be exhausted at some point.
- Activity requiring TTOC coverage.

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ ASSIGNMENT: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_ DATES: \_\_\_\_\_

(Please attach a copy of a brochure/write-up showing costs and dates of Pro D activity.)

Please include a supporting statement for your application which addresses criteria above, indicating how you expect this activity to benefit your work.

TOC days needed? Yes  No  How many TOC days to be funded? \_\_\_\_\_ (Special Grant will cover two days)

Dates for TTOC: \_\_\_\_\_

**NOTES:**

<sup>1</sup> Mileage only for trips more than 30 km return; include a Google (or similar) map showing kilometres. Rate: 52¢/km. Parking and/or transit receipts, if required.

<sup>2</sup> Maximum amount of \$125/night for out of town accommodation. Include meal receipts for reimbursement on overnight trips to a maximum of BCTF per diem.

<b>EXPENSES</b>
Registration: _____
Travel Costs <sup>1</sup> : _____
Accommodation <sup>2</sup> : _____
Other (specify): _____
TOTAL AMOUNT: _____

OFFICE USE ONLY
L# _____
TTOC Cost _____
Amount Reimbursed _____

Date: \_\_\_\_\_ Member Signature: \_\_\_\_\_

PD Form 2018/2019

**THIS SECTION TO BE FILLED IN BY THE PRO D CHAIRPERSON ONLY**

Cheque Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Cheque Amount: \_\_\_\_\_

**PRO D CHAIRPERSON SIGNATURE:** \_\_\_\_\_